

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: MJB	CHAPTER 100.1
Address: 4221 Likini Street, Honolulu, Hawaii 96818	Inspection Date: March 11, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – “Acetaminophen 325mg, take 1 tab PO QHS PRN for pain or fever, max 3000mg/day” ordered 6/7/19, however, not listed on 6/2019 Medication Administration Record (MAR) as available.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – “Acetaminophen 325mg, take 1 tab PO QHS PRN for pain or fever, max 3000mg/day” ordered 6/7/19, however, not listed on 6/2019 Medication Administration Record (MAR) as available.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, an in service was conducted to all care givers regarding carry out new medications orders from the MD or APRN to include transcribing to the MAR in a timely manner, check labeled correctly, and shall be made available as ordered by MD or APRN. After transcribing the order a large note on the inside of the medication cabinet door will be posted as a reminder to all caregivers to check the MAR first to ensure medications is listed on active list before administering any medication.</p>	<p>MB/CHD 5/2/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Progress note indicated Resident was administered a dose of Tylenol on 6/26/2019, however, medication not initialed as given on MAR.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>2019-07-01-02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Progress note indicated Resident was administered a dose of Tylenol on 6/26/2019, however, medication not initialed as given on MAR.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To prevent this deficiency from happening in the future, an inspection was conducted to all care givers regarding proper medications, administration to include signing of MAR immediately after administering medications. I will ensure that all caregivers will sign the MAR right away after administration of medications.</i></p>	<p><i>MB/CAO</i> <i>6/2/20</i></p>

Licensee's/Administrator's Signature: Michelle

Print Name: MICHELLE G. JOSE

Date: 4-8-20

Licensee's/Administrator's Signature: Mj Barranco

Print Name: MICHELLE BARRANCO

Date: 6/2/20